

01
PERFORMANCE MEASURE

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

GOAL

To assure early screening and early intervention for all newborns for special health care needs.

DEFINITION

Numerator: The number of newborns screened and confirmed with condition(s) mandated by the State sponsored newborn screening program who receive appropriate follow-up as defined by the State.

Denominator: The number of newborns screened and confirmed with condition(s) mandated by the State sponsored newborn screening program.

Units: 100

Text: Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objectives 16.20: (Developmental) Ensure appropriate newborn bloodspot screening, follow-up testing, and referral to services.

Related to Objectives 16.21: (Developmental) Reduce hospitalization for life-threatening sepsis among children aged 4 years and under with sickle cell hemoglobinopathies.

**DATA SOURCES and
DATA ISSUES**

Data supplied annually by each State to the National Newborn Screening and Genetic Resource Center.

SIGNIFICANCE

Screening programs for newborns and children have been shown to be cost-effective and successful and have been shown to prevent mortality and morbidity. Their success reflects the systems approach from early screening to appropriate early intervention and treatment.

02
PERFORMANCE MEASURE

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

GOAL

To increase the number of families with CSHCN who partner in decision making and are satisfied with the services they receive.

DEFINITION

Numerator:

The number of children with special health care needs in the State age 0 to 18 whose families report participating in decision making and being satisfied with the services they received during the reporting period.

Denominator:

The number of children with special health care needs in the State age 0 to 18 during the reporting period.

Units: 100

Text: Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

**DATA SOURCES and
DATA ISSUES**

The National CSHCN Survey provides State level data on the extent to which families perceive that their doctors make the family feel like a partner and the family is very satisfied with the overall care experience. If State uses another data source, please cite source.

SIGNIFICANCE

Family/professional partnerships have been: incorporated into the MCHB Block Grant Application, the MCHB strategic plan. The Omnibus Budget Reconciliation Act of 1989 (OBRA '89 mandated that the States provide and promote family centered, community-based, coordinated care. Family satisfaction is also a crucial measure of system effectiveness.

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

GOAL

To increase the number of children with special health care needs who have a medical home.

DEFINITION**Numerator:**

The percent of children with special health care needs in the State age 0 to 18 who have a medical home during the reporting period.

Denominator:

The number of children with special health care needs in the state age 0 to 18 during the reporting period.

Units: 100

Text: Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objective 16.22: (Developmental): Increase the proportion of children with special health care needs who have access to a medical home.

**DATA SOURCES and
DATA ISSUES**

The National CSHCN Survey will provide state and national level data on the extent to which families perceive that their child with a special health care need has access to a medical home. Indicators include having a regular doctor for routine and sick care; access to care that is coordinated with specialty care and community services; ease in obtaining referrals; and receipt of respectful and culturally competent care.

The National CSHCN Survey will provide national and state estimates in 2002 and periodically thereafter. If State uses another data source, please cite source.

SIGNIFICANCE

Providing primary care to children in a "medical home" is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions. The MCHB uses the AAP definition of "medical home." (AAP Medical Home Policy Statement, presented in *Pediatrics*, Vol. 110 No. 1, July, 2002)

04
PERFORMANCE MEASURE

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

GOAL

To increase the percent of children with special health care needs, age 0 to 18, with adequate insurance coverage for all the services they need.

DEFINITION

Numerator:

Number of children with special health care needs in the State age 0 to 18 whose families perceive that they have adequate insurance coverage.

Denominator:

Number of children with special health care needs in the State age 0 to 18 during the reporting period.

Units: 100

Text: Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

Related to Objective 1.1: Increase the proportion of persons with health insurance to 100 percent.

**DATA SOURCES and
DATA ISSUES**

The National CSHCN Survey provides State level data on the percent of parents of children with special health care needs reporting private or public health insurance coverage, no gaps in coverage, coverage that meets their child's needs, reasonable out-of-pocket costs, access to needed providers, and lack of unmet needs due to health plan coverage.

The National CSHCN Survey will provide national and state estimates in 2002 and periodically thereafter.

SIGNIFICANCE

Children with special health care needs often require an amount and type of care beyond that required by typically developing children and are more likely to incur catastrophic expenses. This population of children and families often have disproportionately low incomes and, therefore, are at higher risk of being uninsured. Since children are more likely to obtain

health care if they are insured, insurance coverage and the content of that coverage is an important indicator of access to care. Because children with special health care needs often require more and different services than typically developing children, under-insurance is a major factor in determining adequacy of coverage. Adequacy of insurance ensures comprehensive care, which in turn reduces emergency room visits, hospitalizations, and time lost from school/work.

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

GOAL

To increase the number of families with CSHCN who have access to easy-to-use community-based service systems.

DEFINITION**Numerator:**

The number of children with special health care needs in the State age 0 to 18 whose families report that community-based service systems are organized so they can use them easily.

Denominator:

The number of children with special health care needs in the State age 0 to 18 whose families report that community-based service systems are organized so they can use them easily.

Units: 100

Text: Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

**DATA SOURCES and
DATA ISSUES**

The National CSHCN Survey provides State and national level data on the extent to which families perceive that services are organized for easy use.

The National CSHCN Survey will provide national and state estimates in 2002 and periodically thereafter.

Data for this measure for 2002 may not be accurate due to small sample sizes in some States. This should not be an issue in future National CSHCN Surveys.

SIGNIFICANCE

Families, service agencies and the Federal Interagency Coordinating Council (FICC) have identified major challenges confronting families in accessing coordinated health and related services that families need for their children with special health care needs. Differing eligibility criteria, duplication and gaps in services, inflexible funding streams and poor coordination among service agencies are concerns across most States. Addressing these issues will lead to more efficient use of public funds and reduced family stress.

06
PERFORMANCE MEASURE

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

GOAL

To increase the percent of children with special health care needs, age 0 to 18, who have received the services necessary to transition to adult health care, work, and independence.

DEFINITION

Numerator:

Number of children with special health care needs in the State age 0 to 18 whose families perceive that they have received the services necessary to transition to adult health care, work, and independence.

Denominator:

Number of children with special health care needs in the State age 0 to 18 during the reporting period.

Units: 100

Text: Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

**DATA SOURCES and
DATA ISSUES**

The National CSHCN Survey provides State and level data on the percent of parents of children with special health care needs reporting that their child receives support in the transition to adult health care and vocational and career training.

The National CSHCN Survey will provide national and state estimates in 2002 and periodically thereafter.

Data for this measure for 2002 may not be accurate due to small sample sizes in many States. This should not be an issue in future National CSHCN Surveys.

SIGNIFICANCE

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March 2002). Over 90 percent of children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed. Health and health care are cited as two of the major barriers to making successful transitions.

07
PERFORMANCE MEASURE

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilis Influenza, Hepatitis B

GOAL

To avert all cases of vaccine-preventable morbidity and mortality in children.

DEFINITION

Numerator: Number of resident children who have received the complete immunization schedule for DTP/DTAP, OPV, measles, mumps, rubella (MMR), H. influenza, and hepatitis B before their second birthday. Complete immunization status is generally considered to be:

- 3 Hepatitis B
- 4 DtaP
- 3 Polio
- 1 MMR
- 3 Hib

Denominator: Number of resident children aged 2 years.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 14-24: Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years. Increase the proportion of children aged 19 through 35 months who received all recommended vaccines to 80 percent. (Baseline: 73 percent in 1998).

**DATA SOURCES and
DATA ISSUES**

State Immunization Registry, CDC National Immunization Survey, State Vital Records, and Bureau of Census population estimates.

SIGNIFICANCE

Infectious diseases remain important causes of preventable illness in the United States despite significant reductions in incidence in the past 100 years. Vaccines are among the safest and most effective preventive measures.

08

PERFORMANCE MEASURE

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

GOAL

To lower the birth rate among teenagers, especially those age 15 through 17 years.

DEFINITION

Numerator: Number of live births to teenagers aged 15-17 years in the calendar year.

Denominator: Number of females aged 15 through 17 years in the calendar year.

Units: 1,000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 9-7. Reduce pregnancies among females aged 15-17 to no more than 46 per 1,000 females aged 15-17 years. (Baseline: 72 pregnancies per 1,000 females aged 15-17 years in 1995).

DATA SOURCES and DATA ISSUES

Vital records are the source of data on mother's age and births. Population records are available from the Census.

SIGNIFICANCE

DHHS is making lowering the rate of teen pregnancies (a major threat to healthy and productive lives) a priority goal in its strategic plan. Teen parenting is associated with the lack of high school completion and initiating a cycle of poverty for mothers.

PERFORMANCE MEASURE

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

GOAL

To prevent pit and fissure tooth decay (dental caries).

DEFINITION

Numerator: Number of third grade children who have a protective sealant on at least one permanent molar tooth.

Denominator: Number of third grade children in the State during the year.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 21.8: Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. (Baseline: 23 percent of children aged 8 years received sealants on their molars in the years 1988-94.)

**DATA SOURCES and
DATA ISSUES**

This requires primary data collection, such as examination or screening of a representative sample of school children.

SIGNIFICANCE

Dental caries affects two-thirds of children by the time they are 15 years of age. Developmental irregularities, called pits and fissures, are the sites of 80-90% of childhood caries. Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greatest risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized.

In addition to being an excellent service in preventing tooth decay, sealants may also be a surrogate indicator of dental access, oral health promotion and preventive activities, and a suitable means to assess the linkages that exist between the public and private services delivery system. Public managed sealant programs are usually school-based or school-linked and target underserved children, thus providing entry to other services. It has been stated on several occasions that dental sealants are the oral health equivalent of immunization.

PERFORMANCE MEASURE

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

GOAL

To reduce the number of deaths to children aged 14 years old and younger caused by motor vehicle crashes.

DEFINITION

Numerator: Number of deaths to children aged 14 years and younger caused by motor vehicle crashes. This includes all occupant, pedestrian, motorcycle, bicycle, etc. deaths caused by motor vehicles.

Denominator: All children in the State aged 14 years and younger.

Units: 100,000 **Text:** Rate per 100,000

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 15-15: Reduce deaths caused by motor vehicle crashes to 9.0 deaths per 100,000 population. (Baseline: 15 deaths per 100,000 population by motor vehicle crashes in 1998. Baseline for children aged 14 years and under, 4.2 deaths per 100,000 in 1998).

**DATA SOURCES and
DATA ISSUES**

Fatal Accident Reporting System (FARS), U.S. Department of Transportation, and Vital Statistics Systems are sources of the data.

SIGNIFICANCE

About 50% of all deaths to children aged 14 years and younger are due to injuries, and around 80% of these are from motor vehicle crashes. Injuries are the leading cause of mortality in this age group and they are the most significant health problems affecting the Nation's children.

11 PERFORMANCE MEASURE

Percentage of mothers who breastfeed their infants at hospital discharge.

GOAL

To increase the percentage of mothers who breastfeed their infants at hospital discharge.

DEFINITION

Numerator: The number of mothers in the State who exclusively* breastfeed their infant at hospital discharge.

Denominator: Number of occurrent births in the State in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-19a: Increase the proportion of mothers who breast feed their babies in the early postpartum period to 75 percent. (Baseline: 64 percent in 1998)

DATA SOURCES and DATA ISSUES

Ross Laboratories Mothers Survey; State WIC data, USDA; State Pediatric Nutrition Surveillance System, CDC.

SIGNIFICANCE

The advantages of breast feeding are indisputable and include nutritional, immunological and psychological benefits to both infant and mother, as well as economic benefits.

* Exclusively is defined as vitamins, minerals, water, juice, cultural foods given infrequently in addition to breastfeeds.

Source: Labbok and Krasovec, "Toward Consistency in Breast Feeding Definitions" in *Studies in Family Planning* 1990; 21, 4:226-230.

12 PERFORMANCE MEASURE

Percentage of newborns who have been screened for hearing before hospital discharge.

GOAL

To reduce the morbidity associated with hearing impairment through early detection.

DEFINITION

Numerator: The number of infants in the State whose hearing has been screened before hospital discharge by tests of either otoacoustic emissions or auditory brainstem responses.

Denominator: Number of births in the State in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 28-11: Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months.

DATA SOURCES and DATA ISSUES

State birth certificates, newborn hearing registries, tests of otoacoustic emissions and auditory brainstem responses. Potential data source – State based Early Hearing Detection and Intervention (EDHI) Program Network, CDC.

SIGNIFICANCE

The advantages of early detection of hearing impairments are indisputable and include necessary follow-up of free and appropriate enrollment in habilitation and education programs.

13
PERFORMANCE MEASURE

Percent of children without health insurance.

GOAL

To ensure access to needed and continuous health care services for children.

DEFINITION

Numerator: Number of children under 18 in the State who are not covered by any private or public health insurance (Including Medicaid or risk pools) at some time during the reporting year.

Denominator: Number of children in the State under 18 (estimated by Census in March).

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objectives 1-1: Increase the proportion of persons with health insurance to 100 percent. (Baseline: 86 percent of the population was covered by health insurance in 1997).

**DATA SOURCES and
DATA ISSUES**

There is no current uniform source of data at the State level, but data may be available by State estimate beginning in 1997 from the March CPS, U.S. Bureau of the Census. States need to choose among existing estimating techniques and use one consistently.

SIGNIFICANCE

There is a well-documented association between insurance status and utilization of health care services among adults. Less is known about the utilization of services in children. A 1996 study by the Harvard School of Public Health, The Henry J. Kaiser Foundation and the National Opinion Research Center found the uninsured are four more times likely to have an episode of needing and not getting medical care. As noted in the 1997 "Families USA Report," children without health insurance have an average of 1 less visit per year and receive less treatment than insured children with similar problems.

14

PERFORMANCE MEASURE

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

GOAL

To enroll all Medicaid-eligible children in Medicaid ensuring better access to health care services.

DEFINITION

Numerator: Number of children 1 to 21 years of age who have received a service paid by Medicaid during the Federal fiscal year.

Denominator: The estimated number of children 1 to 21 years of age who are potentially eligible, by State definition, for Medicaid at the end of the Federal fiscal year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 1-4b: Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care to 96 percent. (Baseline: 93 percent in 1997). Related to Objective 1-6: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members to 7 percent. (Baseline: 12 percent in 1996).

DATA SOURCES and DATA ISSUES

Numerator: The State Medicaid program counts participation monthly and estimates caseload. There are peaks and valleys in participation throughout the year. Most systems do not link the income of the family on the program records, but only the eligibility category (e.g., AFDC, expansion, etc.).

Denominator: States may not have these data readily available, and therefore estimates are made by using a variety of data from CPS, State programs, Census, and experience.

SIGNIFICANCE

Financial access to health care does not guarantee that all children will enroll and access care, but insured children are more likely to get care. Currently 3 million children are estimated to be eligible non-participants in Medicaid.

15
PERFORMANCE MEASURE

**Percent of very low birth weight infants
among all live births.**

GOAL

To reduce the proportion of all live deliveries with very low birth weight.

DEFINITION

Numerator: Number of live births with birth weight less than 1,500 grams in the calendar year.

Denominator: Total number of live births in the calendar year.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-10b: Reduce very low birth weights to 0.9 percent. (Baseline: 1.4 percent in 1997).

**DATA SOURCES and
DATA ISSUES**

Birth certificates are the source for low birth weight.

SIGNIFICANCE

Prematurity is the leading cause of infant death. Many risk factors have been identified for low birth weight involving younger and older maternal age, poverty, late prenatal care, smoking and substance abuse.

16
PERFORMANCE MEASURE

**The rate (per 100,000) of suicide deaths
among youths aged 15 through 19.**

GOAL

To eliminate self-induced, preventable morbidity and mortality.

DEFINITION

Numerator: Number of deaths attributed to suicide among youths aged 15 through 19.
Denominator: Number of youths aged 15 through 19.
Units: 100,000 **Text:** Rate per 100,000

**HEALTHY PEOPLE 2010
OBJECTIVE**

Related to Objectives 18-1: Reduce the suicide rate to 6.0 deaths per 100,000 population. (Baseline: 10.8 suicide deaths per 100,000 in 1997). Related to Objective 18-2: Reduce the rate of suicide attempts by adolescents in grades 9 through 12 to a 12 month average of 1 percent. (Baseline: 12 month average of 2.6 percent among adolescents in grades 9 through 12 in 1997).

**DATA SOURCES and
DATA ISSUES**

State vital records are the source.

SIGNIFICANCE

Suicide is the third leading cause of death in the United States among youths aged 15 through 19, and in many States it ranks as the second leading cause of death in this population.

PERFORMANCE MEASURE

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

GOAL

To ensure that higher risk mothers and newborns deliver at appropriate level hospitals.

DEFINITION

Numerator: Number of infants with a birth weight less than 1,500 grams born at sub-specialty facilities (Level III facility).

Denominator: Total number of infants born with a birth weight of less than 1,500 grams.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-9: Increase the proportion of very low birth weight (VLBW) infants born at Level III hospitals or sub-specialty perinatal centers to 90 percent. (Baseline: 73 percent of VLBW born at level III hospitals or sub-specialty perinatal centers in the years 1996-97).

**DATA SOURCES and
DATA ISSUES**

There is no national data source for this at present. Vital records and hospital discharge records would be sources.

SIGNIFICANCE

Very low birth weight infants are more likely to survive and thrive if they are born/cared for in an appropriately staffed and equipped facility with a high volume of high-risk admissions.

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

GOAL

To ensure early entrance into prenatal care to enhance pregnancy outcomes.

DEFINITION

Numerator: Number of live births with reported first prenatal visit during the first trimester (before 13 weeks = gestation) in the calendar year.

Denominator: Number of live births in the State in the calendar year.

Units: 100 **Text:** Percent

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-16a: Increase the proportion of pregnant women who receive early and adequate perinatal care beginning in the first trimester of pregnancy to 90 percent. (Baseline: 83 percent in 1998.)

**DATA SOURCES and
DATA ISSUES**

Birth certificate data in the State vital records are available for over 99% of births.

SIGNIFICANCE

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reason for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes.